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PTO/SB/05 (12/97)

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Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE

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**UTILITY
PATENT APPLICATION
TRANSMITTAL**

(Only) for new nonprovisional applications under
37 CFR 1.53(b)

Attorney Docket No. X-13168

First Named Inventor or Application Identifier

William Ernest Alborn, Jr., et al.

Express Mail Label No. EL042029022US

PTO/SB/05
07/01/97

07/01/97

04/18/01

Application Elements

See MPEP chapter 600 concerning utility patent application contents.

1. Fee Transmittal Form (Submit an original, and a duplicate for fee processing)2. Specification [Total Pages 105]

- Descriptive title of the Invention
- Cross References to Related Applications
- Statement Regarding Fed sponsored R & D
- Reference to Microfiche Appendix
- Background of the Invention
- Brief Summary of the Invention
- Brief Description of the Drawings (if filed)
- Detailed Description
- Claims

- Abstract of the Disclosure

3. Drawing(s) (35 USC 113) [Total Sheets 1]4. Oath or Declaration [Total Pages 1]

- a. Newly executed (original or copy)
- b. Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) [Note Box 5 below]
- i. DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).

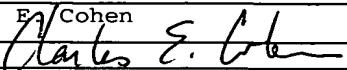
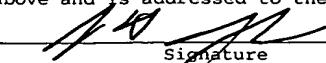
Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.

17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information:

Continuation Divisional Continuation-in-part (CIP) of prior application _____ /
No:**18. CORRESPONDENCE ADDRESS**

NAME	Charles E. Cohen				or	Correspondence address below
ADDRESS	Eli Lilly and Company Lilly Corporate Center Patent Division DC: 1104					
CITY	Indianapolis	STATE	Indiana	ZIP CODE	46285	
COUNTRY	U.S.A.	TELEPHONE	317-433-4983	FAX	317-276-1294	
Express Mail mailing label number <u>4-18-01</u> EL042029022US						
Date of Deposit <u>4-18-01</u>						
I hereby certify that this paper or fee is being deposited with the United States Postal Service "Express Mail Post Office to Addressee" service under 37 C.F.R. 1.10 on the date indicated above and is addressed to the Assistant Commissioner of Patents, Washington, D.C. 20231.						
John A. Cleveland, Jr.				Signature		
Printed Name						

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FEE TRANSMITTAL		Complete if Known					
		Application Number					
Filing Date		April 18, 2001					
First Named Inventor		William Ernest Alborn, Jr. et al					
Group Art Unit							
Examiner Name							
Attorney Docket Number		X-13168					
TOTAL AMOUNT OF PAYMENT		\$1,156.00					
METHOD OF PAYMENT (check one)		FEE CALCULATION (continued)					
1. <input checked="" type="checkbox"/> The Commissioner is hereby authorized to charge indicated fees and credit any overpayments to:							
Deposit Account Number 05-0840							
Deposit Account Name Eli Lilly and Company							
<input checked="" type="checkbox"/> Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17		Charge the Issue Fee Set in 37 CFR 1.18 at the Mailing of the Notice of Allowance					
2. <input type="checkbox"/> Payment Enclosed:							
<input type="checkbox"/> Check <input type="checkbox"/> Money Order <input type="checkbox"/> Other							
FEE CALCULATION							
1. FILING FEE							
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description	Fee Paid		
101	710	201	355	Utility filing fee	790		
106	320	206	160	Design filing fee			
107	490	207	245	Plant filing fee			
108	710	208	355	Reissue filing fee			
114	150	214	75	Provisional filing fee			
SUBTOTAL (1)		\$790.00					
2. CLAIMS							
Total Claims	27	Extr a	Fee from below	Fee Paid			
Independent Claims	6	3**=	7	18	=	126	
Multiple Dependent Claims (first time)			3	80	=	240	
			X 270		=		
Large Fee Code	Entity Fee (\$)	Small Fee Code	Entity Fee (\$)	Fee Description			
103	18	203	9	Claims in excess of 20			
102	80	202	39	Independent claims in excess of 3			
104	270	204	135	Multiple dependent claim			
109	78	209	39	Reissue independent claims over original patent			
110	18	210	9	Reissue claims in excess of 20 and over original patent			
SUBTOTAL (2)		\$366.00					
*or number previously paid, if greater; For Reissues, see above							
SUBMITTED BY							
Typed or Printed Name	Charles E. Cohen					Complete (if applicable)	
Signature						Reg. Number	34,565
*Express Mail mailing label number		EL042029022US					
Date of Deposit		4-18-01					
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Printed Name							
		Signature					